MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 7 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY 35-3; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia; STREET ADDRESS (If rural give location) 1306 Allegheny Ave

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) CHRISTOPHER (Last) ARNOLD

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1953.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 26, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: machinist

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Akron Ohio 32

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Arnold.

14. MOTHER'S MAIDEN NAME: Mary Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles Bell, 6006-38th Pl. Hyattsville Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Arteriosclerotic Coronary Heart	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Anemia	1-2 years
DUE TO		
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/53, to 8/28/53, that I last saw the deceased alive on 8/28/53, and that death occurred at 12 45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brauner MD ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 8/28/53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Wash, D.C.

DATE REC'D BY LOCAL REGISTRAR 8/28/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Wm Lee Sons ADDRESS Wash, D.C.

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park X | LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6905 Woodland Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park X
STREET ADDRESS (If rural give location) 6905 Woodland Avenue

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) I. (Last) BARBIER

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1953

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 18, 1906	47 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	Electronic	Milwaukee, Wisconsin	U. S. A

13. FATHER'S NAME: Edward Barbier

14. MOTHER'S MAIDEN NAME: Marie Sondvold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mrs. Florence D. Barbier, 6905 Woodland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary thrombosis	Acute.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive failure	2 yrs
	DUE TO (c) Malignant hypertension	8 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Aug. 16, 1953, that I last saw the deceased alive on Aug 15, 1953 and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Ernest G. Davis M.D. | 7006 New Hampshire Ave Takoma Park Md | 8/16/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 18, 1953	George Washington Cemetery	Prince George County, Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 16, 1953 | REGISTRAR'S SIGNATURE: Mrs. Jas Devereux Deputy (Local) | 24. FUNERAL DIRECTOR: J. Arthur Walters | ADDRESS: 254 Carroll St. NW Takoma Park, D.C.

VS. A154

RECEIVED
AUG 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH — COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood | LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Leon (Last) Berry
4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 1953
5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced | 8. DATE OF BIRTH 5/26/53 | 9. AGE last birthday yrs. | If under 1 year Months 2 | Days 24 | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Berry | 14. MOTHER'S MAIDEN NAME Esther Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mrs. Esther Berry, same addr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary edema
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar pneumonia
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M.D. ADDRESS Forestville, Md. DATE SIGNED 8/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-22-53 | NAME OF CEMETERY OR CREMATORY Woodlawn | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8/22/53 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR John F. Rhines & Co. ADDRESS 901-2nd St. S.W., Wash. D.C.

8/27/53 John F. Danner

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

20532144405

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant X
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64th + Maple Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant X
STREET ADDRESS (If rural, give location) 64th and Maple Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Anna Carson Stroke Best
4. DATE OF DEATH (Month) (Day) (Year) 8 7 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 11, 1865
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) England 56
12. CITIZEN OF WHAT COUNTRY? U.S. 6

13. FATHER'S NAME Olive Carson
14. MOTHER'S MAIDEN NAME Susan Becket

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ethel F. Carson, 3759 Manning Blvd Albany N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 8-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 8/11/53
NAME OF CEMETERY OR CREMATORY H. Lincoln
LOCATION (City, town, or county) (State) Prince Georges Co. Md

DATE REC'D BY LOCAL REG. Aug. 7, 1953
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14 St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 10 1953
BUREAU V. S.

Item 7 Film B158 9/15/53 mmt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN CHEVERLY X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6311 INWood St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY X; STREET ADDRESS (If rural give location) 6311 INWood St

3. NAME OF DECEASED: (First) SARAH (Middle) (Last) BOWERS

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: AUG 10th 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): PENN. 35

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Beard

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mr. Joseph S Topp Same above

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
204.0 Immediate cause	(a) Cerebral hemorrhage	4 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension, essential	3 years
	DUE TO (c) Lymphatic leukemia	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 28, 1953, and that death occurred at 10:05 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ernest E Cornelsen M.D. ADDRESS: 4400 Bowen Rd SE Wash DC DATE SIGNED: 8-29-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept 1 1953; NAME OF CEMETERY OR CREMATORY: Chestnut Grove; LOCATION (City, town, or county) (State): Hyattsville Md.

DATE REC'D BY LOCAL REGISTRAR: 8/29/53; REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: J Wm Lee's Sons Co ADDRESS: 300-4th St

VS-A15

RECEIVED
SEP 10 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood, X
STREET ADDRESS (If rural give location) 4536 - Banner St.,

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Bryant

4. DATE OF DEATH: (Month) Aug. (Day) 29, (Year) 19 53

5. SEX: m
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8/25/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months – Days 5 IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathan Bryant
14. MOTHER'S MAIDEN NAME: Sadie Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: mother - as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
540.1
Immediate cause (a) Generalized Peritonitis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute perforation of stomach
DUE TO
(c)

Interval Between Onset And Death
?
?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1953 to 8/29, 1953, that I last saw the deceased alive on 8/29, 1953, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. A. Christensen Med
ADDRESS College Park Md
DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 8/31/53
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) (State) Cheverly Md

DATE REC'D BY LOCAL REGISTRAR 9/2/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Leyt

2083171403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside — LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 Woodland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1806 C St S.E.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Bushong
4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/20/79
9. AGE last birthday: 74 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry T. Bushong.
14. MOTHER'S MAIDEN NAME: Elizabeth Jane Linthaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): Not
16. SOCIAL SECURITY NO.: 578-10-6571
17. INFORMANT AND ADDRESS: Luther Bushong 5000 Forestville Rd. Forestville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Congestive Heart Failure — 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug 7, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph N. [illegible] M.D. 312 Quebec St. N.W. Washington D.C. 8-11-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 8/11/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Aug 7-53
REGISTRAR'S SIGNATURE: Edna F. Ellis
24. FUNERAL DIRECTOR: W.B. Chambers Co.
ADDRESS: 517 11th St S.E.

DC

RECEIVED
AUG 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4102-46th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg; STREET ADDRESS (If rural, give location) 4102-46th Street

3. NAME OF DECEASED (Type or Print): (First) Conelia (Middle) Susie (Last) Butler

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Giles H. Butler

14. MOTHER'S MAIDEN NAME: Sarah Jane Cadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marie Dorsey (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	1 yr
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular-Renal	2 yrs
	(c) Arterio-Sclerosis	1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1953, to Aug. 11, 1953, that I last saw the deceased alive on Aug. 11, 1953, and that death occurred at 1:55 A m., from the causes and on the date stated above.

SIGNATURE: Wm. H. Spiller (Degree or title) M.D. ADDRESS: Brentwood Md. DATE SIGNED: 8/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 8-12-53; NAME OF CEMETERY OR CREMATORY: EVERGREEN; LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG.: Aug 10 1953; REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W. ERNEST JARVIS ADDRESS: 1432 You St. N.W.

VS/A15

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: PRINCE GEORGE — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Cheverly — LENGTH OF STAY (in this place): 1 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: PRINCE G. Co. Hosp. Cheverly Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md — COUNTY: P. G
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville.
   STREET ADDRESS (If rural give location): 5504 - 44th Ave

3. NAME OF DECEASED: (First) EVA (Middle) D. (Last) CARROLL

4. DATE OF DEATH: (Month) AUG (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 2 APRIL - 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Conaway

14. MOTHER'S MAIDEN NAME: Elizabeth Dail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Gladys Carroll 5504 - 44th Ave, Hyattsville, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) CEREBRO VASCULAR ACCIDENT.	11 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROSIS	4 yrs.
	DUE TO (c)	

331X

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Aug., 1953, to 30 Aug., 1953, that I last saw the deceased alive on 30 Aug., 1953, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE: John Kehoe — (Degree or title) M.D — ADDRESS: Cheverly Md — DATE SIGNED: 8/30/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF: 9/2/53. — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Pr. Geo. Cy., Md.

DATE REC'D BY LOCAL REGISTRAR: 8/31/53 — REGISTRAR'S SIGNATURE: Amanda Downs

24. FUNERAL DIRECTOR: W. W. Chambers — ADDRESS: S. Riverdale, Md.

RECEIVED
SEP 20 1923
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital 3113 Perry Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier 38
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) P. (Last) Carter
4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 7-29-84
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (State or foreign country): Wash. D.C. 48
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John F. Carter
14. MOTHER'S MAIDEN NAME: Fannie D. Bryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: PATIENT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
203X
Immediate cause (a) Multiple Myeloma — Interval Between Onset And Death 3 mos.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1953, to Aug. 10, 1953 that I last saw the deceased alive on Aug. 10, 1953 and that death occurred at 6 30 pm, from the causes and on the date stated above.
SIGNATURE Norman Donat Comeau (Degree or title) M.D. ADDRESS 3503 Perry St. Mt Rainier Md. DATE SIGNED Aug 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-14-53
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR 8/10/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. H. McLee & Sons Co. ADDRESS 4th & Mass. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg X
LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4703 - Webster St X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Georges COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg X
STREET ADDRESS (If rural, give location) 4703 - Webster Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Cheek

4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1953

5. SEX Male

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1875

9. AGE last birthday 78 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Theresa Banko - Glenarden, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John T. Maloney M.D. Dep. Med. Exam. - Hyattsville, Md. 8-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/11/53

NAME OF CEMETERY OR CREMATORY Payne's Cemetery

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 8/9/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR John T. Davies Co. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1BA

RECEIVED
AUG 17 ..
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X — MARYLAND — LENGTH OF STAY (in this place) X — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill — STREET ADDRESS (If rural, give location) 5140 Livingston Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Childs

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 28-1895

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY: U.S. House of Representatives

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Childs

14. MOTHER'S MAIDEN NAME: Mary Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Felicitas E. Childs Oxon Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of Lung — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 29 53 — 19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma of lung

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to August, 1953, that I last saw the deceased alive on August 30, 1953, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE: Wendell Wilson Lee M.D. (Degree or title) — ADDRESS: 101 Audrey Lane Oxon Hill Md — DATE SIGNED: 8-30-53

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF: 9/2/1953 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Aug. 30-53 — REGISTRAR'S SIGNATURE: Howard F. Beall — 24. FUNERAL DIRECTOR: Robert A. Mattingly — ADDRESS: Washington D.C.

VS. A13

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A 5 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVERLY, X
LENGTH OF STAY (In this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PRINCE GEORGES GEN. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East Pines (Riverdale P.O.) X
STREET ADDRESS (If rural, give location): 5718--66th Avenue

3. NAME OF DECEASED: (Type or Print) (First) FLORENCE (Middle) ELLA (Last) CLAREY

4. DATE OF DEATH: (Month) (Day) (Year) August 24th, 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 10th, 1884

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Swanton, Vermont

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gilbert Champagne

14. MOTHER'S MAIDEN NAME: Mary L. Ouimet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs. Leona C. Franklin 5718--66th Ave. East Pines, Riverdale, P.O. Md.

18. MEDICAL CERTIFICATION

19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

331 X

Immediate cause (a) Cerebral Vascular Accident — 6 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Essential Hypertension. — 10 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old Left Hemiplegia — Inmate

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/49, to 8/24/53, that I last saw the deceased alive on 8/24/53, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: Albert Roth, M.D. — ADDRESS: Riverdale — DATE SIGNED: 8/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 27/1953 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or County) (State): Swanton, Vermont

DATE REC'D BY LOCAL REG.: 8/25/53 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Co., Riverdale, Md.

RECEIVED
SEP 2 19
BUREAU V. S.

Film G157-9/1/53
Item #8, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince G. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 6101 - 39th Place, Hyatts.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Francis (Last) Compher

4. DATE OF DEATH: (Month) Aug. (Day) 14 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 8 - 1876

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months / Days 14
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James W. McClanahan

14. MOTHER'S MAIDEN NAME: Mildred Fair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Lillie Little, Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (420.1)	(a) Coronary occlusion	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General arteriosclerosis	2 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1953 to Aug 14, 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) L. W. Medlen M.D. ADDRESS Riverdale, Md DATE SIGNED 8-14-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF Aug 17/1953 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Aug 15, 1953 | REGISTRAR'S SIGNATURE Mrs. Jas Devere (Deputy Local)

24. FUNERAL DIRECTOR Frasche & Sons ADDRESS Hyattsville Md

VS. 115 8-51

RECEIVED
AUG 19 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 16

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly Md.; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.; STREET ADDRESS (If rural give location) 5507 Gallatin Street

3. NAME OF DECEASED: (Type or Print) (First) Evan (Middle) De Shields (Last) Conley

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 19 53

5. SEX: F

6. COLOR OR RACE: Br.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Sept. 12, 1946

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT - NONE -

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Baltimore MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Woodrow Wilson Conley

14. MOTHER'S MAIDEN NAME: Gladys Pauline Booth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Woodrow W. Conley, 5507 Gallatin St. Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Sarcoma to lungs — Interval Between Onset And Death: 3 months.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Undifferentiated Sarcoma of right forearm — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug. 16, 1953, that I last saw the deceased alive on Aug. 16, 1953, and that death occurred at 10:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John W. Turkin, M.D. 5301 Hamilton St. Hyattsville Md 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 19/1953 — NAME OF CEMETERY OR CREMATORY Arlington Nati Cem. — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8/17/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co. Riverdale Md

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince George Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6565 Oxon Hill Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill X
STREET ADDRESS (If rural give location) 6565 Oxon Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Houston (Last) Cook

4. DATE OF DEATH: (Month) Aug. (Day) 11, (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3/24/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Saw Mill Operator- self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia 4
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert H. Cook
14. MOTHER'S MAIDEN NAME: Emily Foxx

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Zelma Cook 6565 Oxon Hill Rd. Oxon Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary artery insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive and coronary artery

DUE TO (c) ~~insufficien~~ heart disease

Interval Between Onset And Death: at least 2 years; more than 2 years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 12, 1950, to February 2, 1953, that I last saw the deceased alive on Feb. 2, 1953, and that death occurred at 1:00 pm, from the causes and on the date stated above.

SIGNATURE Aaron H. Traum (Degree or title) M.D. ADDRESS 8237 Georgia Ave Silver Spring DATE SIGNED Aug 11 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 8-13-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) SCOTTSVILLE, VA.
DATE REC'D BY LOCAL REGISTRAR 8-13-53.
REGISTRAR'S SIGNATURE Howard Bell
24. FUNERAL DIRECTOR The S. W. Hines Co. ADDRESS 2901 14th St. NW Wash. 9, D. C.

Mab.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (In this place): I.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale, Maryland
STREET ADDRESS (If rural, give location): 6319 - Edmonston Road.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Crowder
4. DATE OF DEATH: (Month) 8 - (Day) 8 - (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 12-24-1902
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Electrician
11. BIRTHPLACE (State or foreign country): Washington, D.C. 47
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Henry Crowder
14. MOTHER'S MAIDEN NAME: Georgie Wood.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Wade J. Miller - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(260X) (c) Coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 8-8-53

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 8/11/1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: 8/10/53 — REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Robert A. Mattingly — ADDRESS: 131-11th St. SE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, Md
STREET ADDRESS (If rural, give location) 10021 Baltimore Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Doe
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 19 53
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 22, 1953
9. AGE last birthday: N.B. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 2

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dana Lawrence
14. MOTHER'S MAIDEN NAME: Byrd, Betty Lou

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X
Immediate cause (a) Immaturity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 19 53, to 8/22, 19 53, that I last saw the deceased alive on 8/22, 19 53, and that death occurred at 6:45 A.M. from the causes and on the date stated above.
SIGNATURE John N. Lee, M.D. (Degree or title) ADDRESS Cheverly, Md DATE SIGNED 8/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 8/30/53
NAME OF CEMETERY OR CREMATORY Prince Georges Gen. Hosp.
LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/3/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Bowie

RECEIVED
SEP 1 1 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN UNIVERSITY PARK
LENGTH OF STAY (in this place) MD. 27 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4215-SHERIDAN STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN UNIVERSITY PARK
STREET ADDRESS (If rural, give location) 4215-SHERIDAN STREET

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) (NONE) (Last) DOE

4. DATE OF DEATH (Month) AUGUST (Day) 27 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT. 23, 1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL PLATE ENGRAVER
10b. KIND OF BUSINESS OR INDUSTRY PRINTING.
11. BIRTHPLACE (State or foreign country) BROOKLYN, NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN EDWARD DOE
14. MOTHER'S MAIDEN NAME MARTHA WORTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT AND ADDRESS MRS LILLIAN M. DOE 4215-SHERIDAN ST. UNIVERSITY PARK MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cardiac Failure, Asymptomatic	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Viral Pneumonitis	2 weeks
	(c)	Bronchiectasis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1953, to Aug 27, 1953 that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 2 45 P m., from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley (Degree or title) MD. ADDRESS 6124-41st Ave DATE SIGNED Aug 27, 53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8/31/1953
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY
LOCATION (City, town, or county) COLMAR MANOR, PR. GEO. (State) MD

DATE REC'D BY LOCAL REG. Aug. 28, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Local)
24. FUNERAL DIRECTOR W. W. CHAMBERS Co. ADDRESS RIVERDALE MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT.

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 230

3839

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn Md X
LENGTH OF STAY (in this place): 58 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5030 Berwyn Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn Md X
STREET ADDRESS (If rural give location): 5030 Berwyn Road

3. NAME OF DECEASED: (Type or Print) (First) Whelmenia (Middle) L. (Last) Dwyer

4. DATE OF DEATH: (Month) Aug (Day) 29, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	July 29, 1871	82 years		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington D C	U S A

13. FATHER'S NAME: William Knoblock

14. MOTHER'S MAIDEN NAME: Louisa Dreyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
4 none	none	Olive Dwyer Berwyn Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocarditis — Interval Between Onset And Death: 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 5 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Aug 29, 1953 that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Leonard Hays M.D. — ADDRESS: Hyattsville, Md. — DATE SIGNED: 8-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 1, 1953	Ft Lincoln Cemetery	Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-31-53	Amanda Downey	F Gasch's Sons Hyattsville Maryland.

F. Gasch's Sons

VS. A15

RECEIVED
SEP 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4106 Crittenden St.

3. NAME OF DECEASED: (Type or Print) (First) MYRA (Middle) Gibson (Last) FERRIER

4. DATE OF DEATH: (Month) Aug. (Day) 25, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/21/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H-wife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Evansville, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Gibson

14. MOTHER'S MAIDEN NAME: Miriam Faltner.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joseph E. Ferrier. Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 5 weeks

420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic Heart Disease — 1 year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 9:30 PM, from the cause and on the date stated above.

SIGNATURE Samuel J. Kruger (Degree or title) MD ADDRESS 4300 Raywood Dr Mt Rainier Md. DATE SIGNED Aug 25 1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 8/28/53. NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. LOCATION (City, town, or county) Pr. Geo. Cy. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/26/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale, Md

RECEIVED
[illegible] 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights — LENGTH OF STAY (In this place) 2yrs-3mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5408 Hamilton St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights — Hyattsville
STREET ADDRESS (If rural, give location) 5408 Hamilton St

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Stanley (Last) Fleming

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 9 1892

9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Alvin Fleming

14. MOTHER'S MAIDEN NAME: Margaret Ann Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No / No

16. SOCIAL SECURITY No.: ?

17. INFORMANT AND ADDRESS: Mrs. John E. Robeson — 3802 Eastern Ave. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney, M.D. | Bd. of Trade Bldg. Hyattsville, Md. | 8-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/31/53 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) Colmar Manor | (State) Md.

DATE REC'D BY LOCAL REG. 8-29-53 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR | ADDRESS

J. Gaels & Sons | Hyattsville Md

RECEIVED
AUG 3 - 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 5 mos-20 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural give location) 5207 Crittenden St.

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) MICHAEL (Last) Fleshman

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 4-6-83

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Herbert samuel Fleshman

14. MOTHER'S MAIDEN NAME: alice Duvall

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 218-09-4102

17. INFORMANT & ADDRESS: mary alice Murray Hyattsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Acute coronary occlusion — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary artery disease — 8 mos.

DUE TO (c) Arteriosclerotic Cardiovascular disease —

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26 19 52, to 8/5 19 53, that I last saw the deceased alive on 8/5 19 53, and that death occurred at 6.20 p.m. from the causes and on the date stated above.

SIGNATURE Julius Faufman, (Degree or title) M.D. ADDRESS Bladensburg, Md. DATE SIGNED 8/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 8, 1953 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 8 1953 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F Gaeche sons Hyattsville Md | ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Maryland
STREET ADDRESS (If rural give location) 6209 - 57th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Ford

4. DATE OF DEATH: (Month) Aug. (Day) 18, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 2, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Washington, D. C. 48
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Burgee
14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles B. Ford Same as # 2 Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Vascular accident — 6/17/53 2 mo.

DUE TO (c)

331X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1953, to 8/18, 1953 that I last saw the deceased alive on 8/18, 1953, and that death occurred at 10:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature], M.D. ADDRESS 3409 Varnum St. Sandown Hill DATE SIGNED 8/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/20/1953
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manonr, Maryland
DATE REC'D BY LOCAL REGISTRAR 8/20/53
REGISTRAR'S SIGNATURE Annada Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland

F. Gasch's Sons

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines X
LENGTH OF STAY in this place: transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Federal Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee — COUNTY V 2
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arkmore X
STREET ADDRESS (If rural, give location) Route 2.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Goodwin

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1/17/1919

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane operator

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Goodwin

14. MOTHER'S MAIDEN NAME: Emma Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W W II

16. SOCIAL SECURITY NO. 424-14-8644

17. INFORMANT AND ADDRESS: John Goodwin - Ardmore, Tennessee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1253 **Immediate cause** (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c) Crushed chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Street (CITY OR TOWN) East Pines - Pr. Geo - (COUNTY) Md. (STATE)

TIME OF INJURY (Month) 8 (Day) 14 (Year) 53 (Hour) P. m. INJURY OCCURRED While at work X Not while at work ☐

HOW DID INJURY Ooccur? Gravel hopper toppled discharging contents on deceased.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident X, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 8-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 8/15/53 — NAME OF CEMETERY OR CREMATORY Ardmore — LOCATION (City, town, or county) Tennessee (State)

DATE REC'D BY LOCAL REG. Aug. 15 1953 — REGISTRAR'S SIGNATURE Mrs. Jos. Dwyer Registrar

24. FUNERAL DIRECTOR Fasciano Bros. - Hyattsville, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 19 [illegible]
[illegible]REAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly X
LENGTH OF STAY (in this place) 10 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wa COUNTY 4
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington DC 4
STREET ADDRESS (If rural give location) 1724-Douglas St. N.E

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) E (Last) Gorsuch

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 18 July 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Elitt
14. MOTHER'S MAIDEN NAME: Edlin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153 X

Immediate cause (a) Carcinoma sigmoid with generalized — 14 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) metastases

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 24 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Aug 7, 1953, that I last saw the deceased alive on Aug 6, 1953, and that death occurred at 6 00 AM, from the causes and on the date stated above.

SIGNATURE James R. Goodson (Degree or title) M.D. ADDRESS 8746 K St N.W. Washington D.C. DATE SIGNED Aug. 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Aug 10-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Aug 7 1953 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR N.W. Talbert ADDRESS 3619-14 St N.W.

Cedar Hill - Suitland Md. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly X
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights X
STREET ADDRESS (If rural give location) 725 - 61st Ave

3. NAME OF DECEASED: (Type or Print) (First) Washington (Middle) (Last) Gray

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH:
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Gray
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Edna Spriggs 725 61st Ave. N.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) acute cardiac failure — Interval Between Onset And Death 2 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Hypertensive Cardiovascular disease — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8/, 1953, to 8/4/, 1953, that I last saw the deceased alive on 7/31, 1953 and that death occurred at 12 30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Munner, MD. ADDRESS 7409 Varnum St. Tandover Hills, Md. DATE SIGNED 8/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-4-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8/4/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR H.S. Washington & Son. ADDRESS 467 N ST. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethrope
STREET ADDRESS (If rural give location) 1811 Park Ave.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) C (Last) Grebel
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 23. 1890
9. AGE last birthday: 563 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Electrican
10b. KIND OF BUSINESS OR INDUSTRY: Loveless Elec. Co.
11. BIRTHPLACE (State or foreign country): South Dakota 38
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: ~~FRA~~ MARY PAVISON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ YES. (If Yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY No.: 39109-7014
17. INFORMANT & ADDRESS: FRANCES W. GREBEL 1811 PARK AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause (a) Cerebral Hemorrhage, right — Interval Between Onset And Death: 48 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis — ?
DUE TO
(c) Hypertensive Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17/ 1953, to 8/19, 1953, that I last saw the deceased alive on 8/19, 1953, and that death occurred at 7:45P:M, from the causes and on the date stated above.
SIGNATURE (Degree or title) Frederick E. Musser MD ADDRESS 7409 Varnum St. DATE SIGNED Landover Hills Md 8/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Aug. 24, 1953
NAME OF CEMETERY OR CREMATORY FORT HOWARD CEMETERY
LOCATION (City, town, or county) (State) GREEN BAY, WISCONSIN
DATE REC'D BY LOCAL REGISTRAR 8/21/53
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Joseph T. Umbrose Jr. ADDRESS 1328 Sulphur Sp. Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum X
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6715 Chillum Manor, Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum X
STREET ADDRESS (If rural, give location) 6715 Chillum Manor Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) RICHARD (Last) Gude
4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Oct 2, 1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Gude
14. MOTHER'S MAIDEN NAME: Leanna Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: J. Edward Gude, Chillum Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153 X

			Interval Between Onset and Death
Immediate cause	(a)	Toxemia of Liver Failure	6 months
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Metastases in Liver	1953
	DUE TO		
	(c)	Carcinoma of Sigmoid Colon	1947

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 28/Aug/47
19b. MAJOR FINDINGS OF OPERATION: Cancer of Sigmoid Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from....., 1947, to....., 1953, that I last saw the deceased alive on 21 Aug, 1953, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE John H. BAYLY (DEGREE OR TITLE) MD ADDRESS 1835 Eye N.W. Wash., D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/25/53
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. Aug 24 1953
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR F. Gascha sons, Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural give location) 5510 - 39 Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) MARY (Last) HARVEY

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar 27. 1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Vernon
14. MOTHER'S MAIDEN NAME: ? Mewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Medford L. webb Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Infarction of Myocardium — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C-V-Disease — Unk.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — ,19 ..., to — , 19 ..., that I last saw the deceased alive on — , 19 —, and that death occurred at 5:10 PM, from the causes and on the date stated above.

SIGNATURE Gordon W. Kelley, MD. (Degree or title) ADDRESS 6124-41st Ave DATE SIGNED 8/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/26/53 NAME OF CEMETERY OR CREMATORY Green Mound Cemetery LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 24 1953 REGISTRAR'S SIGNATURE James Tercey 24. FUNERAL DIRECTOR B. Gasch's Sons - Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1

T

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~242~~ 240

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PR. GEORGE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) Brandywine, MD.

3. NAME OF DECEASED: (Type or Print) (First) ~~CHARLES~~ (Middle) Clarence (Last) HAWKINS

4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1953

5. SEX: M
6. COLOR OR RACE: BLK
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence Hawkins
14. MOTHER'S MAIDEN NAME: Harriet Booze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Susie Tolson, Brandywine, md Box 73

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: 1 YR.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) MITRAL STENOSIS — 3 MOS.

DUE TO (c) ARTERIOSCLEROSIS GENERALIZED ADVANCED

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION, ARTERIORENAL

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 20, 1953, to AUG 16, 1953, that I last saw the deceased alive on AUG 15, 1953, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred R Lapin, M.D. ADDRESS Clinton, Md DATE SIGNED Aug 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/20/53 NAME OF CEMETERY OR CREMATORY Union Bethel Church LOCATION (City, town, or county) (State) T.B. Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 17, 1953 REGISTRAR'S SIGNATURE ~~Carrie L. Campbell~~ F. H. Billingsley mnt.

24. FUNERAL DIRECTOR Myrtle R. Rollins ADDRESS 4339 Hunt Pl. N.E. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG [illegible] 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Glenn Dale Hospital
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) X
LENGTH OF STAY (in this place) 2 yrs., 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1712 - 16'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) WERTER (Middle) G (Last) HICKS

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10/4/08

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months 10 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver

10b. KIND OF BUSINESS OR INDUSTRY: (Self emplyd)

11. BIRTHPLACE (State or foreign country): Rayo, Virginia 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Werter Hicks

14. MOTHER'S MAIDEN NAME: Isadora Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-10-0802

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
002.X Immediate cause	(a) CHRONIC COR PULMONALE	2 MO.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) PULMONARY TUBERCULOSIS	31 MO
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1951, to 8/30, 1953, that I last saw the deceased alive on 8/30, 1953, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnecane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Hospital, Glenn Dale, Md. DATE SIGNED 8/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal. DATE THEREOF 8/31/53. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Fredricksburg Virginia

DATE REC'D BY LOCAL REG. 8/30/53 REGISTRAR'S SIGNATURE Mol Wein

24. FUNERAL DIRECTOR S. H. Hines Co. Washington DC. (ADDRESS)

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eagle Harbor X
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eagle Harbor Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington S.E.
STREET ADDRESS (If rural, give location) 2656 Firth Sterling St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eric	Richard	Hubbard		8	24	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Aug 26	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	Virginia	USA

13. FATHER'S NAME: William Hubbard

14. MOTHER'S MAIDEN NAME: Ora Green,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Myrtle L. Hubbard, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shot gun wound in left side of neck, back and base of head

(c)

98 1X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Place of death (CITY OR TOWN) Eagle Harbor (COUNTY) Prince George's (STATE) Md

TIME OF INJURY (Month) 8 (Day) 24 (Year) 53 (Hour) 2:10 A.M. INJURY OCCURRED While at work ☐ Not while at work X HOW DID INJURY OCCUR? Shot by shot gun while in car

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Amanda Downey M. D. Forestville, Md 8/24/53

23. BURIAL, CREMATION or REMOVAL (Specify) Removal — DATE THEREOF 8/24/53 — NAME OF CEMETERY OR CREMATORY Hall Funeral Home — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 8/24/53 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR F. Grache Sons Hyattsville, Md. — ADDRESS

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Indian Head Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 7181 - Oxon Hill Rd

3. NAME OF DECEASED (Type or Print) (First) Henson (Middle) (Last) Jackson

4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 26, 1920
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Arthur Nathaniel Jackson
14. MOTHER'S MAIDEN NAME Carolina Bingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Julia Jackson, 1311 Union St. SW W.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple crushing injuries to body

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Indian Head Highway
(CITY OR TOWN) Oxon Hill (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 8 (Year) 53 (Hour) 9 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 8-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/9/53
NAME OF CEMETERY OR CREMATORY 414 15th St SE.
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 8/9/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Pope Funeral Home ADDRESS Wash. D.C.

8/11/53 Howard C. Beall

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 19 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Manor
STREET ADDRESS (If rural give location) 7013 Lawrence st

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) albert (Last) Jackson
4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3/11/1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John wolford Jackson
14. MOTHER'S MAIDEN NAME: Jane Jameson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-03-6380
17. INFORMANT'S ADDRESS: Mary E. Jackson Colmar Manor Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (420.0)	(a) Congestive heart failure	3 mos
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic H.T. disease	5 mos
	DUE TO (c) Arteriosclerosis	?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10, 1953, to 8-10, 1953 that I last saw the deceased alive on 8-10, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.
SIGNATURE John Kehne (Degree or title) M.D. ADDRESS Cheverly Md DATE SIGNED 8-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 13. 1953
NAME OF CEMETERY OR CREMATORY L I Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md
DATE REC'D BY LOCAL REGISTRAR Aug 13/53
REGISTRAR'S SIGNATURE Amanda Dooney
24. FUNERAL DIRECTOR F Bosche & Son ADDRESS Hyattsville Md.

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosaryville X
LENGTH OF STAY (in this place) Flamin
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY Catawba
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hickory
STREET ADDRESS (If rural, give location) 635 South Center St

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Raymond (Last) James
4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-17-12
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Contractor
10b. KIND OF BUSINESS OR INDUSTRY Private Home
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Israel James
14. MOTHER'S MAIDEN NAME Della M Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Norman James 3907-13th St NW Wash DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

816X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture and dislocation of second and third cervical vertebrae with [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 301
(CITY OR TOWN) Rosaryville (COUNTY) P. G. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 22 (Year) 53 (Hour) 8 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Driver Jaunto in head on Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE Jonnec F Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 8/22/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/22/53
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) D.C. (State)
DATE REC'D BY LOCAL REG. 8/22/53
REGISTRAR'S SIGNATURE Amanda Downey Morrow
24. FUNERAL DIRECTOR Woodford Funeral Home ADDRESS 1622-11th St N.W. DC
8/27/53 John F. Danner.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 31 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines X — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5715-67th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G. Sept
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines 16 X
STREET ADDRESS (If rural, give location) 5715-67th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Esther	Catherine	James	8 -	9 -	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Married	4-19-06	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook - Keeper	Dairy	New York	U.S.A.

13. FATHER'S NAME: Richard C Schappa
14. MOTHER'S MAIDEN NAME: Lida Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Husband - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

543 X

Immediate cause (a) Dopemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute toxic gastritis

(c) Cause unknown at this time

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No
-		

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined X*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Md. Exam	Hyattsville, Md	8-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Aug 9, 1953	Ryan Funeral Home	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/53	Amanda Downey	F Bosche Sons	Hyattsville Md

Aug 11 - 1953 James Devers

ECEIVED
AUG 13 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: Glenn Dale Hospital
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenn Dale (RURAL) X
LENGTH OF STAY (in this place) 1 yr., 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY V H 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 402 - W. St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) H. (Last) Jones
4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 12/4/04
9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Ravenaugh
14. MOTHER'S MAIDEN NAME: Ellen James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Pneumonia, right lung, postoperative left pneumonectomy 8/27/53 — Interval between onset and death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pulmonary Tuberculosis — Interval between onset and death: 13 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8/25/53
19b. MAJOR FINDINGS OF OPERATION: Pulmonary Tuberculosis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1953, to 8/28, 1953, that I last saw the deceased alive on 8/28, 1953, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Daniel Leo Finnegan M.D. ADDRESS Glenn Dale Hospital, Glenn Dale, Maryland DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 8/29/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 8/29/53
REGISTRAR'S SIGNATURE Neil Green
24. FUNERAL DIRECTOR Theodore Matthews ADDRESS 6144 4th St. S.W. D.C.

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 23 1

1. PLACE OF DEATH: COUNTY Colmar Manor, Prince Georges, Maryland — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor X — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 4311 Monroe St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4311 Monroe St. COUNTY Colmar Manor, Md. — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor, Md X — STREET ADDRESS (If rural give location) 4311 Monroe st

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) — (Last) Kershaw

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1953

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. — 8. DATE OF BIRTH: Dec. 28, 1877 — 9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months 8, Days — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mule Spinner — 10b. KIND OF BUSINESS OR INDUSTRY: Textile — 11. BIRTHPLACE (State or foreign country): Shaw, England — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kershaw — 14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: 026-09-9912 — 17. INFORMANT & ADDRESS: Mrs. Hannah Kershaw (wife) 4311 Monroe St, Colmar Manor, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442 X

Immediate cause (a) Hypertensive Cardio-renal Disease — —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebrovascular Accident — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION: — 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1951, to Aug. 27, 1953, that I last saw the deceased alive on Aug. 26, 1953, and that death occurred at 4.00 A.M., from the causes and on the date stated above.

SIGNATURE Emily Mildenbrand — (Degree or title) M.D. — ADDRESS 4201 Fessenden St NW. Wash D.C. — DATE SIGNED 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/29/53 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-28-53 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR F. Gasche sons Hyattsville Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jamestown — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hyattsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5715 Jamestown Rd

3. NAME OF DECEASED (Type or Print): (First) NETTIE (Middle) CORNISH (Last) KIRCHNER
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 22, 1869
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Wash. DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Cawling
14. MOTHER'S MAIDEN NAME: Elizabeth Carlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Helen C Espey 5715 Jamestown Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 1/2 hr

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic and Hypertensive Heart Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1953, to Aug 22, 1953, that I last saw the deceased alive on Aug. 22, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ledd Flanders M.D. — ADDRESS: 5731 Annapolis Rd Hyattsville Md. — DATE SIGNED: 8/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 8-24-53 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Wash D C

DATE REC'D BY LOCAL REG.: Aug 22 1953 — REGISTRAR'S SIGNATURE: Mrs. Jas. Lewis (Deputy) — 24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4812 Baltimore Wash D.C.

RECEIVED
AUG 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Lanham Hills X
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7725 Frederick Road,. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Lanham Hills Md X
STREET ADDRESS (If rural give location) 7725 Frederick Road,.

3. NAME OF DECEASED: (Type or Print) (First) Constantine (Middle) (Last) Lester
4. DATE OF DEATH: (Month) August (Day) 14, (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 1, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Safeway Company
11. BIRTHPLACE (State or foreign country): Pennsylvania 3
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Constantine Lester
14. MOTHER'S MAIDEN NAME: Mathilda Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Winifred Hubbard Baltimore Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Acute Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis
DUE TO
(027X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tertiary Lues

19a. DATE OF OPERATION: 5
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1940, to 8-14, 1953, that I last saw the deceased alive on 8-10, 1953, and that death occurred at , from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Hyattsville Md DATE SIGNED 8-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 17, 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemtery
LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REGISTRAR Aug 17 1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3824 M

1

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park X
LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1503 Hazel St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park X
STREET ADDRESS (If rural give location) 1503 Drexel St.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Mathilde (Last) McCoy

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 27, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Johnson

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 516-12-6712

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Cardiac Failure & Pulmonary Edema — Interval Onset And Death: Several Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardiovascular Disease — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to Aug. 26, 1953, that I last saw the deceased alive on Aug. 26, 1953, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard T. Morse, M.D. (By Associate K.H. Burden, M.D.) ADDRESS 7030 Carroll Ave, Takoma Pk. DATE SIGNED Aug. 26, 1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF 8/29/53 | NAME OF CEMETERY ~~OR CREMATORY~~ Miltonvale | LOCATION (City, town, or county) (State) Miltonvale, Kansas

DATE REC'D BY LOCAL REGISTRAR Aug 27 1953 | REGISTRAR'S SIGNATURE James Severs

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale X
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carter's Lane X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Geo COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E. Riverdale X
STREET ADDRESS (If rural, give location) Carter's Lane

3. NAME OF DECEASED (Type or Print) (First) Clinton (Middle) (Last) McQueen
4. DATE OF DEATH (Month) (Day) (Year) 8 - 9 - 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-30-53
9. AGE last birthday yrs. If under 1 year Months Days 9 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME Major McQueen
14. MOTHER'S MAIDEN NAME Josephine Tabbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INTERMENT AND ADDRESS Father's Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.3

Immediate cause (a) Congenital heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular septal defect

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Hyattsville Md 8-9-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-9-1953 NAME OF CEMETERY OR CREMATORY 1820-9th St. N.W. LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. Aug 9 1953 REGISTRAR'S SIGNATURE James Terry
24. FUNERAL DIRECTOR R. F. McGuire ADDRESS 1820-9th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1 .
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6304 Queens Chapel Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Goerges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park Md X
STREET ADDRESS (If rural, give location) 6304 Queens Chapel Road

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Mehers

4. DATE OF DEATH: (Month) August (Day) 28, (Year) 19 53.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 1, 1853

9. AGE last birthday: 100 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Nurse

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ? Mehers

14. MOTHER'S MAIDEN NAME: ? Muldown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Margaret Stein University Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Pemphigus Vulgaris — Interval between onset and death: 12 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Senility — years

DUE TO

(c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to 8.28, 1953, that I last saw the deceased alive on 8.28, 1953, and that death occurred at 7.55 P.M., from the causes and on the date stated above.

SIGNATURE Louis Mendel (DEGREE OR TITLE) M.D. ADDRESS College Park Md DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Interment — DATE THEREOF 8/29/53 — NAME OF CEMETERY OR CREMATORY Hole Cemetery — LOCATION (City, town, or county) Connersville (State) Indiana

DATE REC'D BY LOCAL REG. Aug 29 1953 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR F Wade Sons - Hyattsville Md — ADDRESS

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Ranier
STREET ADDRESS (If rural, give location) 4406 - 28th Place

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) Louise (Last) Millikan
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-20-53
9. AGE last birthday: yrs. — If under 1 year: Months 1 / Days 13 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Millikan
14. MOTHER'S MAIDEN NAME: Gina Dallis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 ✗

Immediate cause (a) Pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diffuse broncho pneumonia.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 8-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 8/3/53
NAME OF CEMETERY OR CREMATORY: Perkasie
LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REG. 8-3-53
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F. Bosch's Sons
ADDRESS: Hyattsville Md.

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Cedar Heights X
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 6411 Sheriff Road X

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Cedar Heights X
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6411 - Sheriff Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: James E. Moore

3.(b) Social Security Number

4. Sex: Male

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Eula Moore

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): May 21 1878

8. AGE: Years: 75 | Months: | Days: | If less than one day: hrs. 27 min.

9. Birthplace: York Co So. Carolina
(Town, county, and state)

10. Usual occupation: Cement Finisher

11. Industry or business: Contractor

FATHER

12. Name: Ely Moore

13. Birthplace: York Co. So Carolina

MOTHER

14. Maiden name: Francis Baker

15. Birthplace: York Co South Carolina

16. Informant: Eula Moore

Address: 6411 Sheriff Rd NE.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 9-1-1953 (month) (day) (year)

Cemetery or crematory: Paynes

Location: Benning Rd SE D.C.

18. Funeral director: Henry S Washington & Sons

Address: 467 N st. N.W. D.C.

19. Aug. 29 1953 (Date rec'd by registrar) Carrie F. Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28 1953, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20, 1953, to August 28 1953 and that I last saw him alive on August 26 1953

Immediate cause of death: Hypertensive Cardio-Vascular Disease — DURATION: unknown

Due to

Due to

Other conditions: Pleural Effusion Nephritis 443X (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John W. Robinson, M.D. (M. D. or other)

Address: 1001 Eastern Ave. NE Date signed: 8/28/53

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 1 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale X
LENGTH OF STAY (in this place) 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6104 44th Place X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale X
STREET ADDRESS (If rural, give location) 6104 44th Place

3. NAME OF DECEASED: (First) JOSEPH (Middle) BRODERS (Last) MOORE (Type or Print)

4. DATE OF DEATH: (Month) (Day) (Year) August 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 22, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardnier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Betty Broders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Broders G. Moore, Box 402L, Rt. 1, Alex., Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Coronary Occlusion	3 ds
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Embolism Rt Lat Leg Amputation	9 yrs
DUE TO		
	(c) Arteriosclerotic Heart Disease	Unk.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1953, to Aug. 12, 1953, that I last saw the deceased alive on Aug. 10, 1953, and that death occurred at 10.50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Gordon W Kelley, MD 6124-41st Ave. Hyatts, Md. Aug. 12/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Aug. 15, 1953 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. Aug 13 1953 — REGISTRAR'S SIGNATURE James Devery — **24. FUNERAL DIRECTOR** ADDRESS: W. W. Chambers Co. Riverdale, Md

RECEIVED
AUG 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly Maryland; LENGTH OF STAY (in this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY X; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sarasota; STREET ADDRESS (If rural give location) 1341 Harbor Drive

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Royal	B.	MUDGE	Aug.	1,	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		Dec. 19, 1888	64 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Civil Engineer	Hastings, Michigan	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dorr Mudge	Elva Bauer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No			Mrs Madeline P. Mudge Wife

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Cerebral Embolism	5 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	14 days
	DUE TO (c) Coronary arteriosclerosis	Unk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Embolus in right radial	48 hrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 29, 1953, to Aug 1, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R B Lasser	MD	Upper Marlboro Md	1 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Aug 3, 1953	Fort Lincoln Crematory	Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/1/53	Amanda Downey	S. H. Hines Co.	2401 14th St. N.W. Washington D. C.

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton — LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Marquis Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton — STREET ADDRESS (If rural, give location) 12 Marquis Drive

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Richard (Last) Norwak

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1953

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH April 22, 1953 | 9. AGE last birthday yrs. | If under 1 year: Months 4 | If under 24 hrs.: Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington DC 4th | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Charles Norwak | 14. MOTHER'S MAIDEN NAME Ruth Jennie Hemerle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Richard C Norwak, Same

754.3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Convulsions Septal defect

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

James D. Boyd M.D. Forestville Md. 8/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 27 1953 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, Town, or county) Clinton | (State) Md.

DATE RECD BY LOCAL REG. 8/26/53 | REGISTRAR'S SIGNATURE H. L. Jones | 24. FUNERAL DIRECTOR Hunter & Ryon | ADDRESS Waldorf, Md.

8/29/53 Thread & Beane.

VS. A16A

RECEIVED
SEP 1 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X
LENGTH OF STAY (In this place) Dea
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Berks
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) U.S. Soldier's Home

3. NAME OF DECEASED (Type or Print) (First) Willard (Middle) Earl (Last) Nothstein

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-23-94
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clark Nothstein
14. MOTHER'S MAIDEN NAME Nora Maurer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Records of U.S. Soldier's Home

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville Md DATE SIGNED 8-2-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Aug 2. 1953
NAME OF CEMETERY OR CREMATORY Soldiers Home Hosp't
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Aug 2 7/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural) X
LENGTH OF STAY (in this place): 5 mos., and 30 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 504 7th St., S. W.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) H (Last) Perry

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6/15/1889	64 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Acute Thrombophlebitis rt. femoralvein	1 week
(002 X)	(c) DUE TO Carcinoma of Trachea	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 17 months.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1953, to 8-12, 1953, that I last saw the deceased alive on 8-12, 1953, and that death occurred at 10 10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Daniel Lee Finicane M.D. Glenn Dale Sanatorium Glenn Dale, Md. 8/12/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/15/53	Washington Nat. Mem.	Suitland, P.G. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/53	Abe Allen	W. W. Chambers Co	Riverdale Maryland

RECEIVED
AUG 24 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 22 DC
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4711 Temple Hills Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 22 DC
STREET ADDRESS (If rural, give location) 4711 - Temple Hills Rd SE (Temple Hills Maryland)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) W (Last) Perry

4. DATE OF DEATH (Month) Aug. (Day) 30 (Year) 1953

5. SEX Fem

6. COLOR OR RACE U.S. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 21 1874

9. AGE last birthday 79 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY unemployed

11. BIRTHPLACE (State or foreign country) Leon, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Daniel Wood

14. MOTHER'S MAIDEN NAME Sarah Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Helen P Collins (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Cardiac failure	20 min
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adeno carcinoma of uterus	
	(c) with metastases	May 1953

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — unknown

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 26, 1950 to Aug 30, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 6 35 p.m., from the causes and on the date stated above.

SIGNATURE Paul C Van Natta (Degree or title) MD ADDRESS 5440 Silver Hill Rd Washington 28 DC DATE SIGNED Aug 30 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 2 1953

NAME OF CEMETERY OR CREMATORY Quincy Arnal

LOCATION (City, town, or county) (State) Sigley N.Y.

DATE REC'D BY LOCAL REG. Sept 1 -

REGISTRAR'S SIGNATURE Howard J Beall

24. FUNERAL DIRECTOR Lee F. H. ADDRESS Wash, 2, D.C.

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel ~~Takoma Park~~ — LENGTH OF STAY (in this place): 12yrs5mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Montgomery — COUNTY: Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 216 Chestnut Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ernest Raum
4. DATE OF DEATH (Month) (Day) (Year): Aug 25 1953
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept25, 1873
9. AGE last birthday: 79 yrs. — If under 1 year: Months 11 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired fireman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Raum
14. MOTHER'S MAIDEN NAME: Emma Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Dr. B. T. Benjamin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332x

Immediate cause (a) Cerebral thrombosis — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — 16 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 23, 1939, to Aug 25, 1953, that I last saw the deceased alive on Aug 24, 1953, and that death occurred at 12.30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jesse C Coggins M.D. — ADDRESS: Laurel Sanitarium, Laurel, Md. — DATE SIGNED: 8/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 26-53 — NAME OF CEMETERY OR CREMATORY: Congressional Cem. — LOCATION (City, town, or county): Wash DC — (State): 8-26-53

DATE REC'D BY LOCAL REG.: Aug 25-1953 — REGISTRAR'S SIGNATURE: M Brashears — 24. FUNERAL DIRECTOR: Matthew Hysong Co. — ADDRESS: 1300 N. St NW Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 a.D. 231

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md X
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham, Maryland
STREET ADDRESS (If rural give location) none X

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) (Last) Seymour
4. DATE OF DEATH: (Month) Aug. (Day) 23, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 4, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooke, Va
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ? Watson
14. MOTHER'S MAIDEN NAME: Elizabeth Grigsby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. George C. Howard Lanham Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardiomyopathy — 10 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1953, to 8-23, 1953, that I last saw the deceased alive on 8-23, 1953, and that death occurred at 1 3/4 P.m. from the causes and on the date stated above.

SIGNATURE R. Bowers (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 8-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 25-53 NAME OF CEMETERY OR CREMATORY Rock Creek. LOCATION (City, town, or county) (State) Wash D.C.

DATE REC'D BY LOCAL REGISTRAR 8/23/53 REGISTRAR'S SIGNATURE Howard J. Beall Amanda Downey
24. FUNERAL DIRECTOR Simmons Bros 2007 Nichols ave Wash - D.C. ADDRESS S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (If not in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY V
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1249 Irving St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Cornell (Last) Shaw
4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 19[illegible]

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-30-26
9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curtis Shaw
14. MOTHER'S MAIDEN NAME: Pearl Leach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) T
16. SOCIAL SECURITY NO.
17. INFORMANT (AND ADDRESS): Bruce Shaw - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Collington — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 23 (Year) 53 (Hour) 4 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Hood of automobile flew open - Car crashed into bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. — Cheverly — Hyattsville Md — 8-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 8/23/53 — NAME OF CEMETERY OR CREMATORY Carver Memorial Funeral Home — LOCATION (City, town, or county) Washington — (State) D.C.

DATE REC'D BY LOCAL REG. 8/23/53 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Gasch & Son — ADDRESS Hyattsville Md

VS-A15A

RECEIVED
SEP 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Simms

4. DATE OF DEATH: (Month) Aug, (Day) 19, (Year) 19 53

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 18, 1953
9. AGE last birthday: yrs. If under 1 year: Months / Days 1 If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): yy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Simms
14. MOTHER'S MAIDEN NAME: Shirley Sellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) A (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Immaturity — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. A. Christensen M.D. ADDRESS College Park Md DATE SIGNED 8/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 8/26/53
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/3/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier — LENGTH OF STAY (in this place) 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4210 - 30 il st X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4210 - 30 il st

3. NAME OF DECEASED (Type or Print): (First) ANGELO (Middle) C. C. (Last) SINIBALDI

4. DATE OF DEATH: (Month) Aug (Day) 3, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: May 7 1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: B&O Railroad Co

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Giuseppi sinibaldi

14. MOTHER'S (MAIDEN NAME): Francesca Murance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war, or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Horstkamp Mt Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Vascular Accident — 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51, to Aug ....., 19 53, that I last saw the deceased alive on Aug 3, 19 53, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Benjamin S. Miller M.D. — Mt. Rainier, Md — Aug 4 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-6-1953 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county): Brentwood Md. — (State)

DATE REC'D BY LOCAL REG.: Aug 5 1953 — REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: B. Davidson Sons. — ADDRESS: Hyattsville Md.

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. X
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood, Md.
STREET ADDRESS (If rural give location) 4514 - Rhode Isl. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Cornelius (Middle) (Last) Smith
4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 22, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ? 99
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446 X

Immediate cause (a) Acute Pulmonary edema — Interval Between Onset And Death: 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uremia — 1 yr.

DUE TO (c) Nephrosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15/53 19__ to 8/27, 1953 that I last saw the deceased alive on 8/27, 1953, and that death occurred at 10 50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Munn, M.D. ADDRESS 7409 Varnum St. Tandover Hills DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8/28/53
NAME OF CEMETERY OR CREMATORY H. S. Wash. Fun. Home
LOCATION (City, town, or county) Wash. D. C. (State)
DATE REC'D BY LOCAL REGISTRAR 8/28/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H. S. Washington & Sons ADDRESS 467 M. St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly X
LENGTH OF STAY (in this place) 10.0 A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier, Md. 3X
STREET ADDRESS (If rural give location) 4015- 37 st.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Florence Miranda Steep--

4. DATE OF DEATH: (Month) (Day) (Year) Aug 7, 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Mar 21, 1901.
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles W. Smith
14. MOTHER'S MAIDEN NAME: Elizabeth L. Conlon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Thomas M. Steep - Mt Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coercey Insufficiency c Nephrosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1944, to 8-7, 1953, that I last saw the deceased alive on 7-15, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Hertz Ces ADDRESS Hyattsville, Md. DATE SIGNED 8-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 10. 1953
NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor. Md (State)
DATE REC'D BY LOCAL REGISTRAR Aug 8-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascheson's Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) Died; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Clair; STREET ADDRESS (If rural, give location) 31 - Bay Street

3. NAME OF DECEASED (Type or Print): (First) Mae (Middle) (Last) Stevens

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-31-1920

9. AGE last birthday: 33 yrs.

If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Moving

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frank Stevens

14. MOTHER'S MAIDEN NAME: Sarah Yancy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): Yes - W.W. II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sister-in-law - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465 X

Immediate cause (a) Pulmonary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute hepatitis

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Md. Exam. Hyattsville, Md. 8-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8-4-53 | NAME OF CEMETERY OR CREMATORY John S. Rhines F. H. | LOCATION (City, town, or county) (State) 1901-3rd St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG. 8/4/53 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR John S. Rhines - Washington, D.C. ADDRESS

RECEIV
AUG 10 1 3
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242 ~~244~~

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville X
LENGTH OF STAY (in this place) Dominant
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY V 22-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buffalo X
STREET ADDRESS (If rural, give location) 25 Saratoga Street ✓

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Andrew (Last) Stevens
4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1953

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Airforce
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (State or foreign country) Farmington Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME Inez Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS U.S. Airforce records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull

(c) Fracture of right hip

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 4
(CITY OR TOWN) Forestville (COUNTY) PG (STATE) Md
TIME OF INJURY (Month) 8 (Day) 23 (Year) 53 (Hour) 11
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Occupant of auto that struck u/ell

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James D. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 8/24/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF unknown
NAME OF CEMETERY OR CREMATORY unknown
LOCATION (City, town, or county) BUFFALO (State) N.Y.

DATE REC'D BY LOCAL REG. 25 Aug 53
REGISTRAR'S SIGNATURE ~~Margaret E. Willbur~~ Carrie Campbell mnt.
24. FUNERAL DIRECTOR Rinaldi Funeral Home, Inc. ADDRESS 816 H ST., N.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8517

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: PRINCE GEORGE
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVERLY
STREET ADDRESS (If rural give location) 2332 BELLEVIEW

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) HOEGER (Last) STILLMAN
4. DATE OF DEATH: (Month) AUG (Day) 30 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCT-11, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): BAR TENDER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DENMARK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKOWN
14. MOTHER'S MAIDEN NAME: LAURA VOSS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-07-6511
17. INFORMANT & ADDRESS: MRS SUE Stillman, Cheverly, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis - generalized — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign gastric ulcer — 8 wks; Pulmonary emphysema — Unknown

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1953, to 30 Aug, 1953, that I last saw the deceased alive on 29 Aug, 1953, and that death occurred at 2:25, from the causes and on the date stated above.

SIGNATURE John Kehoe (Degree or title) M.D. ADDRESS Cheverly, DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9-3-53
NAME OF CEMETERY OR CREMATORY CEDAR HILL
LOCATION (City, town, or county) SUITLAND, (State) M.C.

DATE REC'D BY LOCAL REGISTRAR 8/31/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Jw^m Lee + Son Co, ADDRESS 300-4 St, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Estates
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5200 Bloch Branch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 5120 Forestville Rd

3. NAME OF DECEASED (Type or Print) Wilbur (First) (Middle) William (Last) Suit

4. DATE OF DEATH (Month) 8 (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 28, 1923
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Employed)
10b. KIND OF BUSINESS OR INDUSTRY Food Store
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William E. Suit
14. MOTHER'S MAIDEN NAME Lula Estelle Harkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wm E. Suit, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Carbon Monoxide poisoning

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY at place of death (CITY OR TOWN) Silver Hill (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 20 (Year) 53 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran hose from exhaust into car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 8/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/23/53
NAME OF CEMETERY OR CREMATORY Epiphany Cemetery
LOCATION (City, town, or county) Forestville, (State) Md.

DATE REC'D BY LOCAL REG. 8/25/53
REGISTRAR'S SIGNATURE Howard J. Beall
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: PRINCE GEORGE

City or town: HYATTSVILLE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 MONTH (+)

Hospital, institution, or street address where death occurred:
5220 - 42ND. PLACE

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: WASHINGTON County: D.C.

City or town: CITY OF WASHINGTON
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 112 CARROLL St., S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: SAMUEL A. TAYLOR

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED

6.(b) Name of husband or wife: ANNIE TAYLOR

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): FEB. 7, 1870

8. AGE:

Years	Months	Days	If less than one day
83	—	—	hrs. min.

9. Birthplace: MARYLAND
(Town, county, and state)

10. Usual occupation: RESTAURANT OWNER

11. Industry or business: —

FATHER
12. Name: unknown
13. Birthplace:

MOTHER
14. Maiden name: unknown
15. Birthplace:

16. Informant: MRS. FRANCES SWEENEY-SLATER

Address: 5220 - 42ND PL., HYATTSVILLE, MD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: AUGUST 20, 1953 (month) (day) (year)

Cemetery or crematory: CEDAR HILL CEMETERY

Location: PRINCE GEO. CO., MARYLAND

18. Funeral director: James T. Ryan, Inc.

Address: 317 Pa. Ave. S.E. Wash. D.C.

19. Aug 19 1953 (Date rec'd by registrar) James Severy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 19 1953 at 6:00 AM

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from August 14 1953 to 8-19 1953 and that I last saw him alive on 8-17-53 1953

Immediate cause of death: Carcinoma of the stomach

DURATION

Due to: 151X

Due to:

Other conditions: Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings of operations: 0 Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dr Paula E. Mahler M. D. or other

Address: 8712 Old Georgetown Rd Date signed: 8-19-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 509 - M Street S. W.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Jayman
4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 22 1937
9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin J. Jayman
14. MOTHER'S MAIDEN NAME: Dorothy Evelyn Hatton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-48-5761
17. INFORMANT AND ADDRESS: Benjamin J. Jayman same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819 x
Immediate cause (a) Hemorrhage and shock
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull, crushed
(c) Pelvis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301 — (CITY OR TOWN) Mitchellville — (COUNTY) P.G. — (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 2 (Year) 53 (Hour) 4 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Passenger in auto that was in collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
James J. Bond M.D. Forestville Md. 8-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-4 1953 — NAME OF CEMETERY OR CREMATORY: Washington National — LOCATION (City, town, or county): Suitland (State): Md.
DATE REC'D BY LOCAL REG. 8-3 1953 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: Simmons Bros 2007 - Nicholas ave SE

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the month of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-6A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) App 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor,
STREET ADDRESS (If rural, give location) 4321 Monroe Street,

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) IRENE (Last) TIPPETT

4. DATE OF DEATH: (Month) August (Day) 12th, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 6, 1903

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Joseph Canter

14. MOTHER'S MAIDEN NAME: Cora Irene Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Cora L. McVearry 12804 Matey Road, Glenmont Hills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1 **Immediate cause** (a) Anesthetic death due to Septicemia — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Due to Generalized peritonitis

(260X) (c) Due to ruptured appendicial and tubo-ovarian abscesses.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 8-12-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF: Aug. 14, 1953 NAME OF CEMETERY OR ~~CREMATORY~~: Wash. National LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 8/13/53 REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md. ADDRESS

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

18551

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Greenbelt
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ½ mile south of Greenbelt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Unknown — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unknown
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) Unidentified (Middle) disarticulated (Last) skeleton

4. DATE OF DEATH: (Month) bro. 8 (Day) 18 (Year) 1953

5. SEX: male

6. COLOR OR RACE: unknow

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): unknown

8. DATE OF BIRTH: unknown

9. AGE Last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1953 **Immediate cause** (a) Undetermined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Undetermined

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒*

SIGNATURE: John D. Maloney, M.D. (Degree or title) ADDRESS: Deputy Medical Examiner, Hyattsville, Md. DATE SIGNED: 8-30-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 9-4-53 | NAME OF CEMETERY OR CREMATORY: Baltimore City Morgue | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/4/53 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's Sons, Hyattsville, Md. ADDRESS:

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SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6301 Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Hgts.
STREET ADDRESS (If rural, give location) 6301 Central Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Thomas (Last) Unsworth.

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 22 1875

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Wash. D.C. 78

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H. Unsworth

14. MOTHER'S MAIDEN NAME: Katie A. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.:

17. INFORMANT: Josephine Unsworth - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X

Immediate cause (a) Carcinoma of Sigmoid Colon — Interval between onset and death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) with multiple Metastases

(c) Senile General arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Cause

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 6, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 3.26 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul A Van Hatt M.D. 5440 Silver Hill Rd SE Washington 28 DC Aug 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 8/31/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Aug 28 1953 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: 517-11th St SE Wash, D.C.

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville X
LENGTH OF STAY (In this place) Twenty
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 4 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Radford
STREET ADDRESS 522 Davis (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Albert (Last) Viers
4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1953
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 21, 1911
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Airforce
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (State or foreign country) Bldgprings, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823 X Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed skull, chest and abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 4 (CITY OR TOWN) Forestville (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 23 (Year) 53 (Hour) 11 30 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Occupant of auto that struck a pole

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James J. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 8/24/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF unknown
NAME OF CEMETERY OR CREMATORY unknown
LOCATION (City, town, or county) RADFORD (State) VIRGINIA

DATE REC'D BY LOCAL REG. 25 Aug 53
REGISTRAR'S SIGNATURE Margaret E. Wilbur Carrie Campbell mnt.
24. FUNERAL DIRECTOR Rinaldi Funeral Home, Inc. ADDRESS 816 H St. N.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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RECEIVED
AUG 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights, X
STREET ADDRESS (If rural give location) 716 - 61st Ave.,

3. NAME OF DECEASED: (Type or Print) (First) — (Middle) — (Last) Walker

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug 16, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel Walker

14. MOTHER'S MAIDEN NAME: Lula Belle Booker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) A (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Lula Walker - 716 - 61st ave., Fairmont Hgts., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:24 P.M. from the causes and on the date stated above.

SIGNATURE T. A. Pierce Jr. (Degree or title) M.D. ADDRESS College Park, Md. DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 8/24/53 NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/3/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Harry W Pearl ADDRESS

VS. AD-1

20832851 60

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SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) Summers
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Wallace	8	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	Married	Nov 20, 1844	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	self employed	Md.	U.S.a

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank wallace	Peralta wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Susie wallace - Mitchellville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812X **Immediate cause** (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) Compound fracture right leg

(c) Crushed abdomen

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 301 — (CITY OR TOWN) Mitchellville P.G. — (COUNTY) — (STATE) Md.

TIME OF INJURY (Month) 8 (Day) 9 (Year) 53 (Hour) 3:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

James D Boyd M.D. Forestville Md — 8-10-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 13, 1953	Mt. Nebo	Prince George Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 13, 1953	Amanda Downey	J.B. Johnson	Annapolis, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 18 1953
BUREAU V. S.